Montana Communicable Disease Weekly Update: 04/09/10

DISEASE INFORMATION

Summary – Week 13 – Ending 04/03/10 – Disease reports received at DPHHS during the reporting period March 28 – April 3, 2010 included the following:

- Vaccine Preventable Diseases: Invasive *Streptococcus pneumonia* (1), Varicella (4),
- Enteric Diseases: Campylobacteriosis (4), Cryptosporidiosis (2), Giardiasis (9), *Escherichia coli* O157:H7 (STEC) (2), non-O157 STEC (3), Salmonellosis (3), Shigellosis (1)
- Other Conditions: none
- Travel Related Conditions: none

NOTE: The report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

Surveillance Snippets – Serologic Testing for Acute Infection

THE "BUZZ"

Influenza

Montana – Activity level in Montana for week 12 is **NO ACTIVITY. IMPORTANT! *Interpret positive rapid influenza tests with caution at this time.*** A positive screening test result is most likely to be truly positive during periods of peak influenza activity in the population tested. A positive screening test result is most likely to be falsely positive during periods of low influenza activity in the population tested, including early and late in the influenza season. Per IDSA Guidelines, a confirmatory test such as PCR or viral culture should be considered (http://www.journals.uchicago.edu/doi/pdf/10.1086/598513). Current information on influenza testing by the Montana Public Health Laboratory can be found at http://www.dphhs.mt.gov/PHSD/Lab/environ-lab-index.shtml.

NEW! Influenza in Pregnancy - Attached is a publication from the MMWR about H1N1 infection among pregnant women in NYC that identifies both increased risk for hospitalization and ICU admission compared to non-pregnant women, as well as several missed opportunities for prevention. Current recommendations for treatment and prevention of influenza in pregnant women are available at http://www.cdc.gov/H1N1flu/pregnancy/antiviral_messages.htm

United States - During week 13 (04/03/10), influenza activity remained at approximately the same levels as last week. (http://www.cdc.gov/flu/weekly/usmap.htm)

Diarrheal Disease and Food Recalls

INFORMATION / ANNOUNCEMENTS

NEW! Animal Bites to Humans on the Increase - As spring progresses into summer, human and domestic pet interaction with wildlife increases. Though it may be tempting to handle or assist distressed wildlife, abnormal wildlife behavior in species like bats, skunks, and foxes (e.g., nocturnal animal out in the daytime, lethargic, or aggressive) may be a sign of rabies infection. Rabies infections are sometimes detected in MT wildlife and transmission to domestic pets and humans through the saliva of an infected animal is possible. Report all animal bites or possible rabies exposures to the local health department.
As of April 2, 2010, there were no reports of rabies positive animals in Montana for 2010.
For more information about rabies, and a summary of the current recommendations for rabies postexposure prophylaxis (PEP) visit: http://www.cdc.gov/rabies/index.html

NEW! Hantavirus - Hantavirus is transmitted to humans through exposure to infected rodent tissues or excrement, including dried feces. Hantaviruses can cause a rare but deadly disease called hantavirus pulmonary syndrome (HPS).

People get HPS when they breath in hantaviruses. This can happen when rodent urine and droppings that contain a hantavirus are stirred up into the air. People can also become infected by touching their eyes, nose, or mouth after they touch rodent urine, droppings, or nesting materials that contain the virus. HPS may also be transmitted through a mouse or rat bite. Activities that can put people at risk for HPS include: Improperly cleaning up mouse and rat urine, droppings, and nests, cleaning a shed or cabin that has been closed for some time, and working in areas where mice and rats may live (such as barns). To prevent exposure to hantaviruses, rodents should be excluded from the home place, and the following precautions should be used when cleaning areas where rodents may reside:

- Wear rubber or plastic gloves when cleaning rodent infested areas
- Spray urine and droppings with a disinfectant or a mixture of bleach and water thoroughly soaking the area, and let stand for 5 minutes
- Use a paper towel to wipe up the urine or droppings and discard in the garbage
- Mop or sponge the area with a disinfectant or bleach solution
- Wash gloved hands with soap and water or spray a disinfectant or bleach solution on gloves before taking them off
- Wash hands with soap and warm water after taking off your gloves.

For more information about hantaviruses, visit: http://www.cdc.gov/ncidod/diseases/hanta/hps/index.htm

NEW! **Hepatitis Information** -The National Training Center for Integrating Hepatitis into HIV/STD Prevention Services (www.KnowHepatitis.org) has two new documents:

ABC's of Hepatitis - Information for the Front Line Worker
by Laura Bachmann, MD, MPH - Associate Professor of Medicine, Wake Forest University
http://www.knowhepatitis.org/abcstraining

IOM Report: A National Strategy for Prevention and Control of Hepatitis B and C
by John W. Ward, MD – Director of the Division of Viral Hepatitis, CDC
http://www.knowhepatitis.org/iom

NEW! **Communicable Disease Summary: A Guide for Schools** – The Communicable Disease Summary: A Guide for Schools is will be mailed to all Montana K-12 schools, local health departments and infection preventionists soon. The guide is available at: http://www.dphhs.mt.gov/PHSD/epidemiology/schools.shtml

24/7 AVAILABILITY

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year. Please call 406.444.0273 if you need immediate communicable disease epidemiology assistance. The answering service will take a message and we will return the call as quickly as possible.

This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: http://cdepi.hhs.mt.gov.

Measles Outbreak British Columbia
http://www.bccdc.ca/resourcematerials/newsandalerts/healthalerts/MeaslesMarch30.htm

The most active areas of pandemic influenza virus transmission currently are in parts of the tropical zones of Asia, the Americas, and Africa. Pandemic influenza activity remains low in much of the temperate areas of both the northern and southern hemispheres. Although pandemic influenza virus continues to be the predominant influenza virus circulating worldwide, seasonal influenza type B viruses are predominant in much of East Asia, and have been increasingly detected at low levels across southeast and western Asia, East Africa, and in parts of eastern and northern Europe. Seasonal influenza A (H3N2) is still being detected in very small numbers in parts of Asia and Australia.

Although the national level of ILI activity remained below the seasonal baseline in the United States,

three of ten sub-regions reported a resurgence of ILI activity above their respective baselines. The most active areas of pandemic influenza transmission currently appears to be in the southeastern United States, particularly in the states of Alabama, Georgia, and South Carolina, all of which reported regional spread of influenza activity. A corresponding increase in confirmed severe cases of pandemic A/H1N1 has also been noted in the southeastern United States in recent weeks

Montana Public Health Prevention Opportunities Under the Big Sky
http://www.dphhs.mt.gov/PHSD/prevention_opps/pdf/MPHMar2010.pdf
Syphilis

After a 10 week lull in influenza activity, the Montana Public Health Laboratory has recently confirmed influenza H1N1 in four Montana residents. PCR confirmed cases are from Gallatin (2), Madison (1), and Missoula (1) Counties ranging in age from Two of the four cases had recent out-of-state travel. To date, none have been hospitalized.

This unexpected increase in activity serves as a reminder that we are still in the traditional influenza season and surveillance for all types of influenza should be maintained. The possibility exists that we may continue to see influenza in Montana for months to come.

IMPORTANT!
Please remind providers to send specimens to the Montana Public Health Laboratory for PCR testing, regardless of rapid influenza test results, if the individual presents with an influenza-like-illness and a definitive diagnosis is desired.

Rapid influenza tests should be interpreted with caution at this time. Per IDSA Guidelines, a confirmatory test such as PCR or viral culture should be considered when the prevalence of influenza is low (http://www.journals.uchicago.edu/doi/pdf/10.1086/598513).

Current information on influenza testing by the Montana Public Health Laboratory:
http://www.dphhs.mt.gov/PHSD/Lab/environ-lab-index.shtml.

Most importantly, use this increase in influenza activity as an opportunity to continue to vaccinate residents for influenza!

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